



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

Email Address: djhuffman@selectmedical.com

Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$92714009.00
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$92714009

2. Deductions From Revenue

Contractual Allowance	\$67385966.00
Other Deductions	\$559982.00
Total Deductions	\$67945948

3. Total Operating Revenue

Net Patient Service Revenue	\$24768061.00
Other Operating Revenue	\$76951.00
Total Operating Revenue	\$24845012

4. Operating Expenses

Salaries and Wages	\$11759132.00	Employee Benefits	\$1796240.06
Depreciation and Amortization	\$447544.00	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$20231172.00
Total Operating Expenses	\$34234088.06		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9389076	Total Assets	\$11663687.00
Net Non-operating Gains over Loss	\$-405901.00	Total Liabilities	\$20863715.00

Total Net Gains	\$-9794977
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51932531.00	\$38254117.00	\$13678414
Medicaid	\$12542805.00	\$9910384.00	\$2632421
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28238673.00	\$19781447.00	\$8457226
Total	\$92714009	\$67945948	\$24768061

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//